

MARYLAND HEALTH CARE COMMISSION

Thursday, June 15, 2006

Minutes

Chairman Salamon called the meeting to order at 1:15 p.m.

Commissioners present: Conway, Falcone, Krumm, Moffit, Moore, Nicolay, Pollak, Row, Sensabaugh, Todd, Toulson, and Wilensky

ITEM 1.

Approval of the Minutes

Commissioner Robert Moffit made a motion to approve the Minutes of the May 18, 2006 meeting, which was seconded by Commissioner Robert Conway and unanimously approved.

ITEM 2.

Update on Commission Activities

- Data Systems and Analysis
- Health Resources
- Performance and Benefits
- Health Information Technology

Dr. Rex Cowdry, Executive Director, provided an update on long term planning initiatives. He said that staff would be forming a work group to review the acute inpatient chapter of the State Health Plan and implement changes consistent with the CON Task Force recommendations. In addition, the Maryland Health Care Commission, in consultation with the Health Services Cost Review Commission and the Maryland Institute for Emergency Medical Services Systems, will be working on a report on overcrowding in emergency departments.

ITEM 3.

PROPOSED ACTION: COMAR 10.25.10 – Maryland Trauma Physician Services Fund

Ben Steffen, Deputy Director, Data Systems Analysis, presented emergency and proposed permanent regulations regarding the Maryland Trauma Physician Services Fund. He said that staff proposed modification of COMAR 10.25.10 to reflect changes made in the law as a result of the passage of HB 1164, which will take effect July 1, 2006. Mr. Steffen said the ceiling for on-call stipends will be increased by 17 percent for anesthesiologists, neurosurgeons, orthopedists, and trauma surgeons that practice at Level III centers. He said the ceiling will also be increased for neurosurgeons, orthopedists, and trauma surgeons at Level II centers by 50 percent. Another change to the regulations will make all physicians who treat a trauma patient during a trauma episode, as well as physicians who practice at three specialty referral centers, eligible for reimbursement for uncompensated care and for the difference between Medicaid payments and the trauma fund payment levels. In addition, the standby grant to Children's National Medical Center will increase from \$275,000 to \$490,000. Following discussion, Commissioner Constance Row made a motion to approve the emergency and proposed permanent regulations, which was seconded by Commissioner Nevins Todd and unanimously approved by the Commission. Commissioner Andrew Pollak recused himself from consideration to this matter.

ACTION: COMAR 10.25.10 – Maryland Trauma Physician Services Fund is hereby ADOPTED as emergency and proposed permanent regulations.

ITEM 4.

PROPOSED ACTION: COMAR 10.25.13 – Health Information Technology Funding Applications

David Sharp, Deputy Director of Health Information Technology, presented the proposed regulations. He said the purpose of the Health Information Technology Funding Applications regulations is to permit consideration by the Maryland Health Care Commission of an application seeking approval for funding that responds to an announcement posted by the Commission that it will accept applications regarding one or more specified areas of health information technology. The regulations enable MHCC to put in place a process for accepting and evaluating applications from multi-stakeholder groups seeking approval for funding health information technology. This action is intended to facilitate the implementation of an infrastructure to consider funding key health care technology initiatives such as a statewide health information exchange. Following discussion, Commissioner Sharon Krumm made a motion to approve the proposed regulation, which was seconded by Commissioner Roscoe M. Moore and unanimously approved.

ACTION: COMAR 10.25.13 – Health Information Technology Funding Applications is hereby ADOPTED as proposed permanent regulations.

ITEM 5.

PROPOSED ACTION: Repeal of COMAR 10.24.01 – Conduct of Public Meeting

Bridget Zombro, Associate Deputy Director, presented a staff recommendation to repeal the obsolete regulation regarding conduct of public meetings that had been promulgated by one of the Commission's predecessors, the Health Care Access and Cost Commission. The Commission's authority to regulate the conduct of public meetings is covered under Health-General Article §19-107. Commissioner Robert

Moffit made a motion to repeal the regulation, which was seconded by Commissioner Pollak and unanimously approved.

ACTION: COMAR 10.24.01 – Conduct of Public Meeting – proposed repeal is hereby APPROVED.

ITEM 6.

ACTION: Metropolitan Washington Region Applications for Primary Percutaneous Coronary Intervention (PCI) Waiver

Chairman Salamon said that four hospitals in the Metropolitan Washington region currently provide primary percutaneous coronary intervention services without onsite cardiac surgery services. Those four hospitals were seeking a two-year waiver that would allow them to continue to provide this service.

- ***Doctors Community Hospital, Docket No. 06-16-0011 WN***

Dolores Sands, Chief of Specialized Health Care Services, presented the staff's analysis of the application for a two-year primary PCI waiver submitted by Doctors Community Hospital. She said the Commission staff analyzed the consistency of the application with the requirements specified in COMAR 10.24.17.05D(1) based on reported experience, data submitted to the Atlantic C-PORT PCI Registry, and data from the Quality Improvement Organization Clinical Warehouse. Ms. Sands said that based on the review and analysis, staff concluded that Doctors Community Hospital is not consistent with the requirements specified in COMAR 10.24.17.05D(1) in that it did not meet the door to balloon (DTB) time threshold of 80 percent; did not meeting the requirement for monthly meetings of a multiple care area group; the transfer agreement does not include the specific provisions in the requirement; and did not meet either the minimum institutional volume or the required optimal volume during 2005. Therefore, the Commission's Executive Director recommended that the Commission issue a conditional primary PCI waiver to the hospital for a period of one year. To receive the conditional waiver, Doctors Community Hospital must provide a transfer agreement with the specific provisions in the regulations no later than July 31, 2006. Staff will monitor the meetings of the multiple care area group to ensure that they are consistent with the Institutional Resources, Requirement (4)(iii). Ms. Sands said that the hospital had submitted a plan of correction and that the staff will monitor the applicant every ninety days and provide a status report to the Commission. Following discussion, Commissioner Row made a motion to approve the Executive Director's recommendation to issue a one-year conditional waiver to Doctors Community Hospital, which was seconded by Commissioner Todd and unanimously approved.

ACTION: Doctors Community Hospital, Docket No. 06-16-0011 WN, Conditional Primary PCI Waiver for one year, is hereby GRANTED.

- ***Holy Cross Hospital, Docket No. 06-15-0010 WN***

Ms. Sands presented the application for a two-year primary PCI waiver submitted by Holy Cross Hospital. She said that Commission staff analyzed the consistency of this application with the requirements specified in COMAR 10.24.17.05D(1) based on reported experience, data submitted to the Atlantic C-PORT PCI Registry, and data from the Quality Improvement Organization Clinical Warehouse. Ms. Sands said that, based on its review and analysis, staff concluded that the application of Holy Cross Hospital is not consistent with the requirements specified in COMAR 10.24.17.05D(1) in that it did not meet the DTB threshold of 80 percent; that the operative part of the transfer agreement does not include the specific provisions in the requirement; that four physicians who performed primary PCI at the hospital did not meet the ACC/AHA criteria for competency of 75 or more total PCI cases per year in

2004, two in 2005; and that Holy Cross Hospital did not meet the required optimal institutional volume. Therefore, the Commission's Executive Director recommended that the Commission issue a conditional primary PCI waiver to the hospital for a period of one year. To receive the conditional waiver, the hospital must provide an amended transfer agreement no later than July 31, 2006. Ms. Sands said that the hospital had submitted a plan of correction and that the staff will monitor the applicant every ninety days and provide a status report to the Commission. Following discussion, Commissioner Moore made a motion to approve the Executive Director's recommendation to issue a one-year conditional waiver to Holy Cross Hospital, which was seconded by Commissioner Todd and unanimously approved.

ACTION: Holy Cross Hospital, Docket No. 06-15-0010 WN, Conditional Primary PCI Waiver for one year, is hereby GRANTED.

- ***Shady Grove Adventist Hospital, Docket No. 06-15-0009 WN***

Ms. Sands presented the application for a two-year PCI waiver submitted by Shady Grove Adventist Hospital. She said the Commission staff analyzed the consistency of this application with the requirements specified in COMAR 10.24.17.05D(1) based on reported experience, data submitted to the Atlantic C-PORT PCI Registry, and data from the Quality Improvement Organization Clinical Warehouse. Ms. Sands said that based on its review and analysis, staff concluded that the application of Shady Grove Adventist Hospital is not consistent with the requirements specified in COMAR 10.24.17.05D(1) in that it met the DTB threshold of 80 percent in 2005, but not in 2004, and the operative part of the transfer agreement does not include the specific provisions in the requirement. Therefore, the Commission's Executive Director recommended that the Commission issue a conditional primary PCI waiver to the hospital for a period of one year. To receive the conditional waiver, the hospital must provide an amended transfer agreement no later than July 31, 2006. Ms. Sands said that the hospital had submitted a plan of correction and that the staff will monitor the applicant every ninety days and provide a status report to the Commission. Following discussion, Commissioner Row made a motion to approve the Executive Director's recommendation to issue a one-year conditional waiver to Shady Grove Adventist Hospital, which was seconded by Commissioner Falcone and unanimously approved.

ACTION: Shady Grove Adventist Hospital, Docket No. 06-15-0009 WN, Conditional Primary PCI Waiver for one year, is hereby GRANTED.

- ***Southern Maryland Hospital Center, Docket No. 06-16-0008 WN***

Ms. Sands presented the application for a two-year PCI waiver submitted by Southern Maryland Hospital Center. She said the Commission staff analyzed the consistency of this application with the requirements specified in COMAR 10.24.17.05D(1) based on reported experience, data submitted to the Atlantic C-PORT PCI Registry, and data from the Quality Improvement Organization Clinical Warehouse. Ms. Sands said that based on the review and analysis, staff concluded that Southern Maryland Hospital Center is not consistent with the requirements specified in COMAR 10.24.17.05D(1) in that it did not meet the door to balloon (DTB) time threshold of 80 percent; did not meeting the requirement for formal interventional case review; did not meeting the requirement for a multiple care area group; and did not meet the requirement for a transport agreement that includes the specific provisions in the regulations. Therefore, the Commission's Executive Director recommended that the Commission issue a conditional primary PCI waiver to the hospital for a period of one year. To receive the conditional waiver, Southern Maryland Hospital Center must provide a transfer agreement with the specific provisions in the regulations no later than July 31, 2006. Staff will monitor the meetings of the interventional case review and multiple care area group to ensure that they are consistent with the Institutional Resources, Requirement (4)(ii) and (iii). Ms. Sands noted that though the hospital had not yet submitted a plan of correction, the staff will monitor the applicant every ninety days and provide a status report to the

Commission. Commissioner Clifton Toulson, Jr. made a motion that the Commission table consideration of the waiver until the corrective action plan is submitted by the hospital. Richard McAlee, Esq., representing the hospital, assured the Commission that Southern Maryland Hospital Center would submit a plan of correction. In response to Commissioner Pollak's observation that the hospital had made a remarkable improvement in DTB from 2004 to 2005, Dr. Roy Leiboff replied that the hospital is working on DTB and data reporting. Following discussion, Commissioner Toulson withdrew the motion to table consideration and made a motion to approve the Executive Director's recommendation contingent upon the submission of a plan of correction within thirty days, which was seconded by Commissioner Todd and unanimously approved.

ACTION: Southern Maryland Hospital Center, Docket No. 06-16-0008 WN, Conditional Primary PCI Waiver for one year, is hereby GRANTED, contingent upon the submission of a plan of correction within thirty days.

ITEM 7.

PRESENTATION: *Report on Racial and Ethnic Disparity Conference*

Chairman Salamon stated that the Commission is committed to addressing the issue of racial and ethnic variances in health care in Maryland. Rod Taylor, Chief of Facility Quality and Performance, presented a summary of the presentation he gave at Maryland's Third Annual Statewide Minority Health Disparities Conference. Mr. Taylor emphasized that the Commission, working with the Office of Minority Health, is focused on the treatment provided by the hospitals, long term care facilities, and ambulatory surgical centers and not on the health status of patients. While the theme of the conference was "State Agency Action Agenda for Ending Health Disparities", the panel discussion focused on the use of data to identify and measure disparities in health care. Following discussion among the Commissioners and staff, Chairman Salamon thanked Mr. Taylor for his report.

ITEM 8.

Adjournment

Chairman Salamon noted that the Commission would hold a press conference on June 29, 2006 announcing release of the revised Hospital Guide. There being no further business, the meeting was adjourned at 3:27 p.m., upon motion of Commissioner Row, which was seconded by Commissioner Toulson and unanimously approved.